STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155687	A. BUILDING 01 B. WING	08/11/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVING CENTER-MUNCIE	2701 LYN-MAR DR MUNCIE, IN47304

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0000	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 08/11/11 Facility Number: 000097 Provider Number: 155687 AIM Number: 100290970 Surveyor: Phillip Komsiski, Life Safety Code Specialist At this Life Safety Code survey, Golden Living Center - Muncie was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility has a capacity of 117 and had a census of 104 at the time of this survey.	K0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/16/11. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			
K0018 SS=E	Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. Based on observation and interview, the facility failed to ensure 1 of 8 doors on Service hall north would latch into it's frame. This deficient practice could affect any residents in the Main dining room as well as visitors and staff. Findings include: Based on observation on 08/11/11 at 1:00 p.m. with the Maintenance Supervisor, the Service hall north door leading into the	K0018	K 018 It is the facilities practice to ensure that doors protecting corridor openings are provided with a means suitable for keeping the door closed. The service north door leading to the Main dining room has had a latch installed to secure it in it's frame. All other doors have been inspected and are properly latching in their frame.	09/10/2011

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	Main dining room, which was open to the corridor, did not latch into it's frame. Based on interview on 08/11/11 at 01:02 p.m. with the Maintenance Supervisor, it was acknowledged the aforementioned door would not latch into it's frame. 3.1-19(b)		Maintenance Director will audit all doors monthly ongoing and the results of that audit will be presented to the QA committee monthly.	
K0029 SS=E	One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 1. Based on observation and interview, the facility failed to ensure 1 of 1 metal rolling doors separating the kitchen, a hazardous area, from the corridor would close automatically with the fire alarm system to maintain a smoke resistant barrier. This deficient practice could affect 3 residents observed in the Main dining room as well as visitors and staff. Findings include:	K0029	K 029 It is the facilities practice to provide self closing doors to protect hazardous areas . The metal rolling door separating the kitchen from the corridor has had a closure mechanism installed so that the door will close automatically with the fire alarm system. The door to the soiled linen room on Alzheimer's hall 3 has had a door	09/10/2011

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	Based on observation on 08/11/11 at 12:40 p.m. with the Maintenance Supervisor, the metal rolling door in the south kitchen wall was open to the Service corridor, inspected annually, but did not release upon activation of the fire alarm system leaving a hazardous area open to an escape route corridor. Based on interview on 08/11/11 at 12:45 p.m. with the Maintenance Supervisor, it was acknowledged by the Maintenance Supervisor the rolling metal door does not close automatically upon activation of the fire alarm system and would leave the Service corridor unprotected. 3.1-19(b) 2. Based on observation and interview, the facility failed to ensure 2 of 12 doors leading to hazardous areas such as soiled linen rooms or rooms with combustible items were provided with self closing devices which would cause the door to automatically close and latch into the door frame. This deficient practice affects 3 residents observed in the Main dining room and 12 residents on Alzheimer's hall 3 as well as visitors and staff. Findings include: Based on observation on 08/10/11 during		closing device installed . The door to the Central Supply room has had a door closing device installed . All other doors have been audited and are properly closing. Maintenance Director will audit all doors monthly ongoing and the results of that audit will be presented to the QA committee monthly.	

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	the tour between 12:31 p.m. to 3:00 p.m. with the Maintenance Supervisor, the doors leading to the following hazardous area were not provided with a door closing device: a. The door to the soiled linen room on Alzheimer's hall 3, b. The door to the Central Supply room adjacent to the Main dining room which had seventy cardboard boxes stored in it. Based on interview on 08/11/11 concurrent with each observation with the Maintenance Supervisor, it was confirmed the aforementioned doors leading into hazardous area rooms were not equipped with a self closing device on each door. 3.1-19(b)			